REMARKS

Applicants hereby request further consideration of the application in view of the amendments above and the comments that follow.

Status of the Claims

Claims 1-10 were pending at the time of the Action. Claims 1-10 stand rejected based on the following references under 35 U.S.C. § 102: U.S. Patent No. 4,402,329 to Williams (Williams) (Claims 1, 2 and 4-6); U.S. Patent No. 4,567,901 to Harris (Harris) (Claims 1, 2, and 4-6); U.S. Patent No. U.S. Patent No. 5,003,990 to Osypka (Osypka) (Claims 1, 2, 4, 7 and 8); U.S. Patent No. 4,458,677 to McCorkle (McCorkle) (Claims 1, 3, 4-6 and 10); and U.S. Patent No. 5,107,856 to Kristhiansen (Kristhiansen) (Claims 1, 4, 5 and 7-9).

In response, Claim 1 has been amended and Claims 2 and 10 have been canceled. Claims 11-20 have been added to provide a more complete claim set for the application. New Claim 11 recites subject matter corresponding generally to original Claims 1, 2 and 3. New Claims 12-19 depend from Claim 11 and correspond generally to Claims 4-10. New Claim 20 recites subject matter corresponding generally to original Claim 2 and further recites that the first transvenous catheter elongate portion is configured to extend outwardly from the second catheter elongate intermediate portion. Support for Claim 20 can be found, for example, in **Figure 4**.

Minor clarifying amendments have also been made. Specifically, the term "said patient" has been replaced with "the patient."

In view of the above amendments and the remarks that follow, Applicants submit that the pending claims are patentable over the cited art.

Claims 1 and 3-9 are patentable

Claim 1 recites:

> A catheter assembly useful for the defibrillation or cardioversion of a patient's heart, said assembly comprising:
>
> a first transveneous catheter configured for insertion into the heart of the patient, said first transvenous catheter having a proximal end

portion, a distal end portion, and an elongate intermediate portion therebetween, and with said first transveneous catheter having a first electrode connected thereto, wherein said first electrode is connected to said first transveneous catheter intermediate portion;

a second transveneous catheter configured for insertion into the heart of the patient, said second transveneous catheter having a proximal end portion, a distal end portion, and an elongate intermediate portion therebetween; and

a connecting member attached to said first transveneous catheter, with said connecting member connected to said second transveneous catheter intermediate portion, wherein said connecting member is attached to said first transveneous catheter distal end portion.

The recitation that the connecting member is connected to the second transveous catheter intermediate portion (original Claim 10) was rejected in the Action under § 102 as being anticipated by McCorkle; however, McCorkle does not teach or suggest that the connecting member is attached to the first transveneous catheter distal end portion as is recited in Claim 1. The placements of the catheter of McCorkle shown in **Figures 12** and **13** do not appear possible if the connecting member were attached to the first transvenous catheter distal end portion as recited in Claim 1. Therefore, Applicants submit that Claim 1 and Claims 3-9 depending therefrom are patentable over the cited prior art and request that the rejections under § 102 be withdrawn.

Claims 11-19 are patentable

Claim 11 recites:

A catheter assembly useful for the defibrillation or cardioversion of a patient's heart, said assembly comprising:

a first transveneous catheter configured for insertion into the heart of the patient, said first transvenous catheter having a proximal end portion, a distal end portion, and an elongate intermediate portion therebetween, and with said first transveneous catheter having a first electrode connected thereto;

a second transveneous catheter configured for insertion into the heart of the patient, said second transveneous catheter having a proximal end portion, a distal end portion, and an elongate intermediate portion therebetween; and

> a connecting member attached to said first transveneous catheter, with said connecting member connected to said second transveneous catheter intermediate portion, wherein said connecting member is attached to said first transveneous catheter distal end portion and said second transveneous catheter is configured for insertion into the coronary sinus.

The recitation that the second transveneous catheter is configured for insertion into the coronary sinus was rejected in the Action under § 102 as being anticipated by McCorkle with respect to Claim 3; however, as discussed above, McCorkle does not teach or suggest that the connecting member is attached to the first transveneous catheter distal end portion as recited in Claim 11. Therefore, Applicants submit that new independent Claim 11 and Claims 12-19 depending therefrom are patentable over the cited prior art and request that such claims be allowed to proceed to allowance.

Claim 20 is patentable

Claim 20 recites:

> A catheter assembly useful for the defibrillation or cardioversion of a patient's heart, said assembly comprising:
>
> a first transveneous catheter configured for insertion into the heart of the patient, said first transvenous catheter having a proximal end portion, a distal end portion, and an elongate intermediate portion therebetween, and with said first transveneous catheter having a first electrode connected thereto;
>
> a second transveneous catheter configured for insertion into the heart of the patient, said second transveneous catheter having a proximal end portion, a distal end portion, and an elongate intermediate portion therebetween; and
>
> a connecting member attached to said first transveneous catheter, with said connecting member connected to said second transveneous catheter intermediate portion, wherein said connecting member is attached to said first transveneous catheter distal end and said first transveneous catheter elongate intermediate portion extends outwardly from the second catheter intermediate portion.

The recitation that the first electrode is connected to said first transveneous catheter intermediate portion as originally recited in Claim 2 was rejected in the Action as being anticipated by Williams, Harris, and Osypka; however, various features of Claim 20 are not taught or suggested by Williams, Harris, or Osypka.

Williams illustrates two lead branches **18, 22** that extend substantially parallel to one another. *See* **Figure 1**. The electrode assembly **20** and branch **22** disengage with the receiver **17** (which the Action identifies as equivalent to the connecting member) when the device is inserted into the heart. *See* **Figures 4-5**. Therefore, Williams does not teach or suggest that the connecting member is attached to the first transveneous catheter distal end and that the first transveneous catheter elongate intermediate portion extends away from the second catheter intermediate portion as recited in Claim 20.

With respect to Harris, the Action identifies element **28** as being equivalent to the connecting member. However, Claim 20 recites that the connecting member is attached to the first transveneous catheter distal end. The element **28** of Harris is clearly positioned in the middle portion of both sections **31, 33** of the lead **21**. Therefore, Claim 20 is patentable over Harris.

Osypka proposes a carriage or slide **4**, which the Action appears to identify as equivalent to the connecting member, through which a one or more guide wires **3** and a single electrode **1** or catheter **2** is positioned. *See* col. 8, lines 48-53. Applicants have not located any configurations in Osypka that include two catheters, and, therefore, Osypka does not teach or suggest all of the elements of Claim 20, including, for example, the first and second catheters and that the first catheter elongate intermediate portion extends away from the second catheter intermediate portion. Therefore Claim 20 is also patentable over Harris.

For at least the above reasons, Applicants request that Claim 20 be allowed to proceed to allowance.

CONCLUSION

Accordingly, Applicants submit that the present application is in condition for allowance and the same is earnestly solicited. Should the Examiner have any small matters outstanding of resolution, he is encouraged to telephone the undersigned at 919-854-1400 for expeditious handling.

Respectfully submitted,

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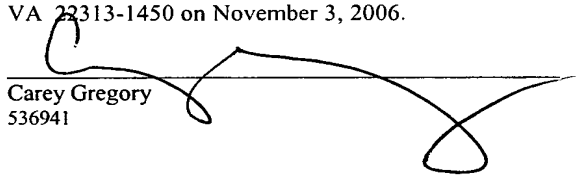

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